

I. PROJECT IDENTIFICATION

1. PROJECT TITLE: Development Program Grant for Project Concern
DOL

APPENDIX ATTACHED: YES NO

2. PROJECT NO. (M.O. 1095 2): 932-13-950-070

3. RECIPIENT (specify):

COUNTRY _____

REGIONAL _____ INTERREGIONAL _____

4. LIFE OF PROJECT

BEGINS FY: 75
ENDS FY: 77

5. SUBMISSION: ORIGINAL 4/23/75
 REV. NO. _____ DATE _____

CONTR./PASA NO. _____

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A FUNDING BY FISCAL YEAR	B. TOTAL \$	C. PERSONNEL		D. PARTICIPANTS		E. COMMOD- ITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE. \$ US _____ (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
1. PRIOR THRU ACTUAL FY												
2. OPRI FY 75	230	143				87						
3. BUDGET FY 76	250	160				90						
4. BUDGET 77	200	126				74						
5. BUDGET 78												
6. BUDGET 79												
7. ALL SUBJ. FY												
8. GRAND TOTAL	680	429				251						

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER: Michael R. Rohla *[Signature]* TITLE: Project Manager DATE: 4/23/75

2. CLEARANCE OFFICER: Cleo F. Shook *[Signature]* TITLE: Associate Office Director/PVC DATE: / /

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL
- 3. Judith W. Gilmore, PHA/FVC/OPNS *[Signature]*
 - 4. John A. Ulinski, Jr., PHA/FVC *[Signature]*
 - 5. William Alli, PHA/PRS *[Signature]*
 - 6. Allan R. Furman, DAA/PHA (Actg) *[Signature]*

2. CLEARANCES

BUR OFF.	SIGNATURE	DATE	BUR OFF.	SIGNATURE	DATE
LA/MRSD	M. Zak <i>[Signature]</i>	5/16/75	PHA/PRS	D. McMakin <i>[Signature]</i>	5/19/75
TAB/H	M. M. Shutt, M.D. <i>[Signature]</i>	5/16/75	PPC/DPR	A. Handly <i>[Signature]</i>	5/16/75
AFR/DP	D. Wilson <i>[Signature]</i>	4/30/75	GC/TFSHA	J. Miller <i>[Signature]</i>	5/20/75

3. APPROVAL AND OFFICE CLEARANCES

(Mrs.) Harriett S. Crowley *[Signature]* DATE: 5/21/75
Assistant Administrator for PHA (Acting)

4. APPROVAL AND (See M.O. 1095 2) _____
SIGNATURE _____ DATE _____
ADMINISTRATOR AGENCY OR INTERNATIONAL DEVELOPMENT

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A DEVELOPMENT PROGRAM GRANT FOR

PROJECT CONCERN

1. INTRODUCTION

Project Concern is a well known Private and Voluntary Organization (PVO) in the United States, due in part to their "Walk for Mankind", held annually throughout the nation. While their work in developing countries has received good ratings, the organization has never had the resources to fully develop a programming and development capability. Project Concern has been conscientious in project evaluation and alternative techniques in low cost health delivery; but the ability to fully utilize the information and integrate many effective techniques into their system has been limited.

Because of the demonstrated competence of the organization in the area of health, this DPG is aimed at not only creating a permanent institutional planning capability, but also will provide a three year research and design effort which will evaluate and, where applicable, integrate new health delivery techniques into the current delivery system.

The approach being used is similar to a "Task Force" technique, aimed at providing a planning and development capability, but without creating permanent requirements for a large staff. Once the model system is fully developed, curriculum and teaching materials designed and the model and materials tested and evaluated, the staff can either be reduced or reassigned to operating offices of the organization.

2. GRANT SUMMARY

Project Concern proposes to expand its low-cost integrated health care delivery system to new populations within the countries it is

presently serving and to extend its services to additional countries with similar needs. However, it is felt that a higher effectiveness quotient could be accomplished, existing services could be improved, and new, more comprehensive programs developed with the aid of an adequately funded Planning, Development and Training Department. This department would have the responsibility of refining their low-cost primary health care delivery system by integrating existing services (including those not currently employed by Project Concern), projecting new facilities, locating additional resources and coordinating local and national government involvement. To accomplish the above, the DPG is being requested to establish the Planning, Development and Training Department.

3. BACKGROUND

Project Concern is a tax-exempt, non-sectarian, non-political organization established for the purpose of providing a full range of medical and dental assistance and training to impoverished peoples abroad and in the United States. Since its inception in 1961, by Dr. James W. Turpin, Project Concern has grown from one man's dream to an international health care agency which annually provides treatment to more than 250,000 persons. The organization operates hospitals and clinics in Hong Kong, South Vietnam, Ethiopia, Mexico, Guatemala, Indonesia and two field project areas in the United States.

Backed by twelve years of experience, Project Concern has drawn on the resources of skilled physicians, dentists and nurses, as well as liaison with health organizations all over the world. Project Concern believes it can now render an even more valuable service to the citizens of those and other countries. With Project Concern's proficien

and background, supported by continued cooperation of educational institutions, this can be accomplished. Such institutions include the medical schools of the Universities of Nevada, Meharry, San Diego, San Francisco and Stanford, as well as the allied health divisions of other organizations.

Supported by private donations, patient fees, goods in kind, and donated services, Project Concern has generated an informed constituency involved in helping improve the health of peoples in less developed countries. Approximately 250,000 people in 300 cities have walked 6 million miles in support of Project Concern's fund raising activity; raising over 50% of Project Concern's operating funds. Other sources of funding include direct mail campaigns, foundation and corporation grants, and donated supplies, services and equipment.

The primary care center is the nucleus of each of Project Concern's education, public health and curative programs. Its life saving services provide the credibility to the people which is required for a well integrated health care delivery system. In addition, primary care provides the staff with the appreciation and understanding of cultural mores of the area needed to provide effective service.

Using the language of the country and methods appropriate to the local culture and philosophy, Project Concern has successfully integrated family planning into the clinical and primary care activities. It is proposed to develop this further, in line with host government policies.

Relying where possible on the credibility of the curative center, feeding programs are established for the most malnourished of the area. The accomplishments of these feeding centers in restoring health to

starving children provide evidence to substantiate the primary goal of this activity: the companion nutrition education program.

In all aspects of Project Concern's programs, heavy emphasis is placed on the training and use of local medical assistants. In this way, the indigenous population is able to actively participate in their own health care and the ultimate goal of self-sufficiency can be realized.

4. PROJECT GOAL

1. The goal is to provide integrated health care to populations in need of such assistance by further developing Project Concern's health care delivery program, which serves three primary functions:

a. Daily care of immediate health needs: the elimination of pain, illness and discomfort.

b. "On-the-job training) for local inhabitants who are being trained as medical assistants.

c. Establishment of credibility for the entire program. The immediate tangible results of primary care serve to convince the people of the area that the Project Concern program is workable, practical and effective.

d. It is recognized that primary health care delivery is more easily effected than public health and preventive medicine programs. However, in the long run public health and preventive measures are more important, for without them no permanent improvement in the overall health status of a population can be accomplished. It is because of this that Project Concern's integrated approach incorporates dental, nutrition, family planning and health education to provide the basis for a viable solution to the health care needs of the people involved.

2. Measure of Goal Achievement: The most precise measure of achievement will be the success in improving the health of significant numbers of people in a limited amount of time. It is expected that Project Concern's system will have improved health care, education and services to 750,000 people three years after implementation of the program and 2,000,000 five years thereafter.

3. Means of Verification: It is already established that Project Concern keeps extensive patient records on the local level. Verification can and will be achieved by means of these statistical patient records.

4. Important Assumptions: Project Concern deals in a "people-oriented" program which seeks to improve health care and practices, while at the same time respecting the cultural heritage, dignity and values of the people it serves. Failure to do so is not only undesirable, it may ultimately render ineffective any health care programs established. The outward thrust of their programs is dependent on the training of responsible indigenous individuals for the role of village medical assistants (VMA's). The concept of the VMA is broad and emphasizes a total health function rather than the traditional somewhat narrow role of dispenser of primary care. As this approach is aimed at populations removed from other health systems, it is assumed that inadequate health care will continue to prevail in areas not yet reached by Project Concern's activities, in effect, that there will continue to be a demand for their technique. Secondly, as the people of the host country eventually will be in a position to assume full responsibility for their own health care, it is also assumed that the host country government will support this undertaking.

5. PROJECT PURPOSE.

1. Purpose Statement: In order to refine Project Concern's low-cost primary health care delivery system by integrating existing services, projecting new facilities, locating additional resources and coordinating local and national government involvement, a Planning, Development and Training Department will be established. Resulting from Project Concern having provided and observed the successful delivery of individual health care services, this Department will be responsible for evaluating and analyzing these specific services for their applicability to the Integrated Health Care System of Project Concern. The Department will also be responsible for data collection on selected countries in order to develop country specific implementation plans. As these plans are designed, training for the implementation team for each country will be provided along with development of training materials for each program. The Department will monitor and evaluate all phases of country program design and implementation.

2. End of Project Status: At the end of three years, and as a direct result of the DPG, the following will have been put in place as a permanent part of the organization:

- a. An integrated Health Care System model for multi-national implementation.
- b. Country specific health care system models for three IDC's.
- c. Three implementation teams will have been placed in service.
- d. Training materials for selected country programs will be in use.
- e. Approximately 75 health outreach workers (VMA's) will be in training.

f. A roster of qualified personnel for permanent and volunteer staff will have been developed.

3. Means of Verification: Due to the priority given to the by Congressional Mandate and A.I.D., health sector/and the need for low cost delivery systems, this project will not only rely on the usual reports on the existence of the conditions expected at the end of the project, but the development of the delivery system, the country specific models, the curriculum and training materials designed, etc., will also be closely monitored by TA/H for application in other health delivery organizations and with host country governments.

4. Assumptions: Due to the creation of a local infrastructure to provide the forementioned services, it is required that relative political stability exist in the selected countries. Invitations from host country governments for program initiation are also assumed, as well as their continued cooperation for long-term operation of the health care system. Recent events in both Ethiopia and Vietnam underline the importance of these assumptions in attaining the desired results.

6. PROJECT OUTPUTS

1. Outputs and Output Indicators: The first result of the grant will be setting up and staffing the Planning, Development and Training Department. The group will initiate their research activities dealing with Project Concern's existing health delivery services, other services, and training programs. They will also perform field surveys and on-site evaluations. Once sufficient data is obtained, a detailed analysis will be made, including fiscal analysis to determine the Benefit/Cost ratio of implementing the system and applying

these findings to the country specific models. Resulting from the research and analysis, and the development of the health delivery system models, training curricula for both field teams and host country VMA's will be designed, tested and, in the case of the three field teams, implemented. (Note: The personnel of the field teams are financed by funds other than the DPG.) The indicators, beyond the documents produced, will be the six person professional, and three person support staff for the Planning, Development and Training Department, the three field teams of six persons each, and their being trained, three countries selected for project implementation as a result of the field surveys and site-visits, and established training programs for the VMA's.

2. Means of Verification: Along with reports substantiated by the materials produced, visits by A.I.D. personnel to Project Concern headquarters will be made, and as referred to above, collaboration of TA/H will be available to assist on the technical aspects of the program. Regional Bureau and Mission consultation will also be required in both field surveys and site visits.

3. Assumptions: While one of the activities of the Department is to develop a roster of qualified personnel, it must be assumed that enough qualified people will be interested (though the current track-record indicates that more than a sufficient number are interested). Equally important is continued availability of training at Project Concern headquarters and elsewhere (A.I.D., e.g., PDM I & II, Universities, Hospitals, etc.) It is further expected that requests for assistance from IDC's will continue.

7. INPUTS

1. Inputs from A.I.D.

- a. DPG
- b. Training Programs and Seminars (e.g. Program Design and Management I and II - A.I.D.).
- c. Counsel and advice from TA/H, Regional Bureaus and Missions, and PHA/PVC.

2. Project Concern Inputs

- a. The field staff and project costs in LDC's.
- b. Headquarters and field infrastructure.
- c. Donated goods and services for project implementation.
- d. Support gained from Host Country Governments and institutions.

3. Assumptions: It is necessary that the DPG be funded at the level proposed, and that A.I.D. is willing and able to offer to PVO's training such as the PDM courses. Concurrently, continued support by Project Concern's donors is also expected at current or increased levels.

4. Beginning of Project Status (BOPS)

a. Headquarters: Staff of twenty-one employees handling correspondence, promotion processing and decision-making duties to augment the field projects and increase their effectiveness. These employees are distributed as follows:

Administration

Office Services/Personnel

Fundraising

Accounting/Finance

Public Relations

Pharmacy

- b. Hong Kong: Three medical and dental clinics (now locally administered.)
- c. Viet Nam: Two hospitals - at Dam Pao and Lien Hiep. (Program currently in suspense.)
- d. Mexico: A hospital in Tijuana with surgery, examination rooms, pharmacy, outpatient clinic and emergency room. Also an elementary school. (Not directly affected by DPG.)
- e. Navajo: Four dental clinics located in eastern Arizona and western New Mexico. (Not directly affected by DPG.)
- f. Tennessee: A mobile dental care unit and medical clinics in Appalachia. (Not directly affected by DPG.)
- g. Ethiopia: One hospital in Keren. (Program currently in suspense.)
- h. Indonesia: An outpatient clinic in Nengwi, Bali.
- i. Exploratory Program - Guatemala: Outpatient clinic.

8. RATIONALE

1. The efforts of Project Concern in the Health Sector are especially appropriate to the direction being encouraged by A.I.D. By enabling this PVO to develop an integrated health delivery system, by combining successful individual services, they will contribute not only to their own improved operation, but also serve as a resource for other PVO's under programs in the health sector.

In light of the success of Project Concern's technique, this grant is seen as a useful means to further health care delivery to the poorest majority via a system which is not only responsive to their needs, but which is affordable both to the recipient and the host country government. It is also encouraging to note that

Project Concern is aiming to institutionalize the capabilities provided by the grant into their operations, providing the opportunity to keep their permanent headquarters staff at a fairly modest level. The institution thus has the flexibility to both actively apply the increased capability to their field programs, and dependent upon increased demand and available resources reduce, increase or maintain the additional personnel after the end of the grant. Of course, every effort will be made to reassign the staff to the headquarters operation should the need arise.

9. THE ROLE OF WOMEN IN DEVELOPMENT

Health programs necessarily involve women as both recipients and participants in carrying out the program. Project Concern, as an institution, has benefitted since its inception from women's involvement at all levels of the organization. There are several women on its Board of Directors and on its executive staff in both its career and volunteer programs. The role of women in the LDC's is also formidable, both in the administration and staffing of its programs, and as the target group. The maternal and child care programs are illustrative of an activity aimed almost exclusively at women and improving their participation in family health care. The VMA's are often women, as well as many of the medical and technical personnel.

10. IMPLEMENTATION PLAN

The illustrative implementation plan is detailed on the attached modified GANT Chart. In sum, it indicates that the first year of the grant will see the recruitment of the Planning, Development and Training Staff, arrangement of the necessary office space and equipment, and Staff orientation. Once on board they will begin to research the

existing health services of Project Concern and those of other organizations, as well as related training programs. Field services will be initiated and data from these activities will begin to be analyzed for the design of the master model of the Health Delivery System. Curricula development for the health teams and VMA's will be initiated at the end of the first year.

The second year will see a continuance of the above, with the master model being near its final development and the beginning of the development of one of the country specific models. Selection of the first new country program-site will also necessitate the beginning of arrangements for the necessary project equipment and medicines. The first field team will also be recruited and training materials will begin to be produced. Initial research on additional sites will be initiated late in the second year.

Year three sees completion of the master model and its modifications, two additional country specific systems will have been designed and the two additional field teams will be recruited and trained. Training materials for the VMA's will have been completed, VMA's will have been recruited and entered training. Dependent on needs and resources, the Planning, Development and Training Department staff will be reduced or reassigned and the master model and country specific systems will be implemented. It is implicit in the above three year program that the current on-going programs will benefit from the efforts of the Planning Development and Training Department as soon as it starts operation. There will be a close day to day relationship with current programs with the implementation and testing of various aspects of the model being applied to the ongoing activities of Project Concern.

PHA/PVC will review each six months progress to date on the implementation plan. There will also be a more formal evaluation each year of the grant, prior to additional funding being provided. Along with the routine annual reports to be received, special reports on low-cost health delivery services and systems being prepared as a result of the grant will be distributed to the appropriate AID offices.

Due to the priority of health delivery systems, an intensive review of the grant will be held at the end of the third year of the grant with special attention to the long term application of techniques employed by and developed by Project Concern and their appropriateness to other health programs.

The following represents the review schedule:

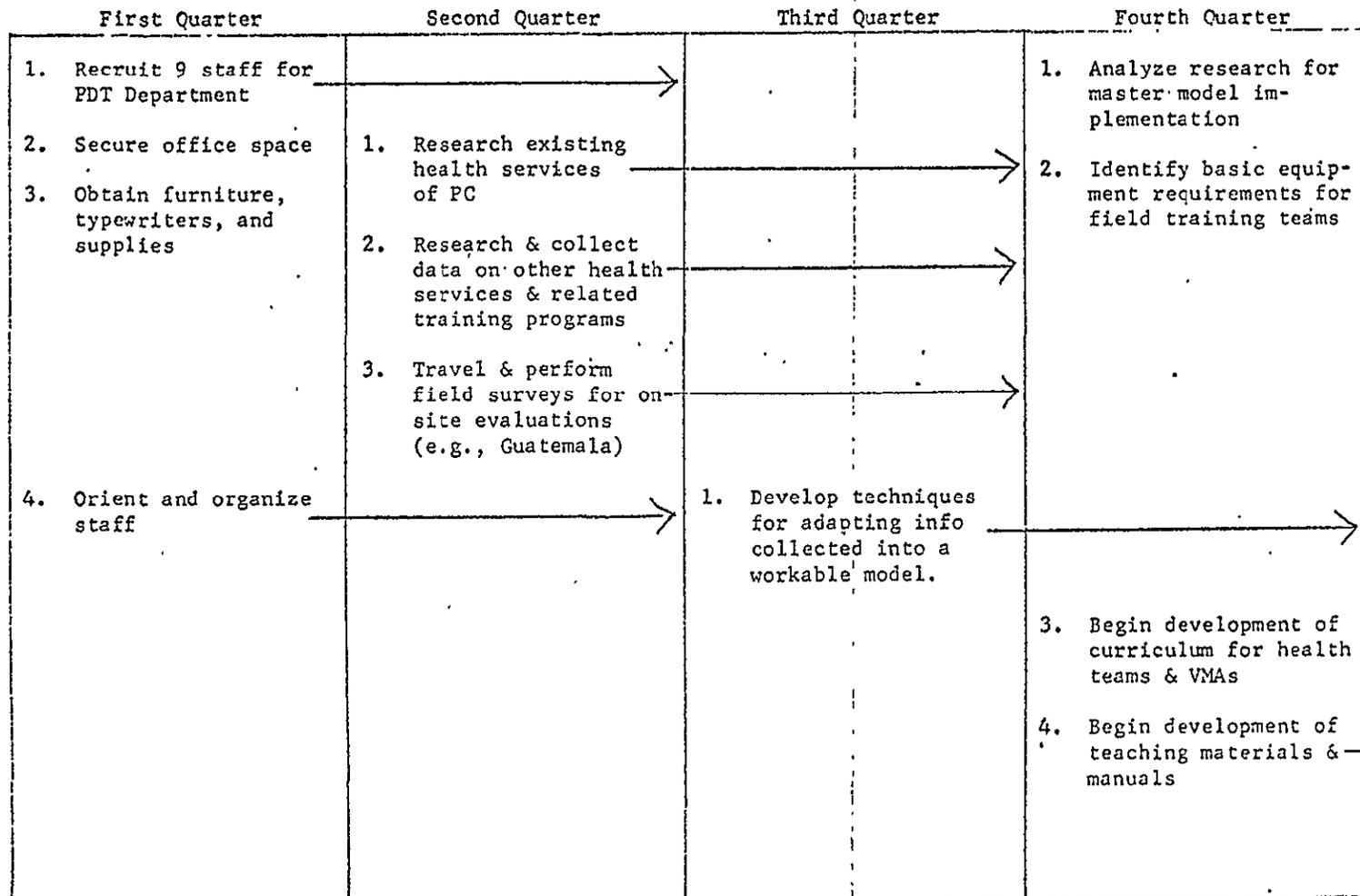
1. Six-month management reviews.
2. Annual evaluations.
3. Intensive evaluation, preferably using outside consultants to assist in the review, the third year of the grant.
4. Annual and exception reports from Project Concern to AID.

A.I.D. Planning & Development Grant

PROJECT CONCERN, INC.
3802 Houston Street
San Diego, California

ILLUSTRATIVE IMPLEMENTATION PLAN

Year One



A.I.D. Planning & Development Grant

PROJECT CONCERN, INC.
3802 Houston Street
San Diego, California

ILLUSTRATIVE IMPLEMENTATION PLAN

Year Two

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
1. Development of teaching materials & manuals continues	1. Begin production of teaching materials & manuals for master plan		
2. Establish master model for low-cost health care delivery system		1. Recruit one team consisting of: Medical Director Pub. Hlth. Nurse (2) Program Administrator Medical Clerk Lab/Pharm. Technician	
3. Research 1st site. a) Identify outreach workers' equip. & pharm. needs	2. Select 1st site 3. Begin adapting model to 1st site 4. Begin arrangements for equip./pharm. needs for 1st site	2. Begin production of materials from master model to 1st site	1. Using model & country specific adaption, train health teams 2. Research to select balance of 2 sites 2) Identify outreach workers' equip. & pharm. needs

A.I.D. Planning & Development Grant

PROJECT CONCERN, INC.
3802 Houston Street
San Diego, California

ILLUSTRATIVE IMPLEMENTATION PLAN

Year Three

First Quarter	Second Quarter	Third Quarter	Fourth Quarter
1. Select 2 sites			
2. Begin adapting model & materials to "new" sites	1. Begin production of materials for "new" sites		
3. Begin recruiting 2 additional field teams		1. Begin training new field teams	1. Move balance of teams to sites
4. Move first team to site a) Recruit first 25 VMAs	2. Begin training first 25 VMAs	(Ongoing, with refresher training)	a) Recruit 50 VMAs 2. Begin training 50 VMAs
5. Begin arrangements for equip./pharm. needs for "new" sites	3. Begin reducing or re-assigning PDT Dept. staff		

ILLUSTRATIVE BUDGET (DPG)

	<u>Year One</u>	<u>Year Two</u>	<u>Year Three</u>	<u>TOTAL</u>
Wages and Salaries	\$142,700	\$162,400	\$124,700	\$429,800
Office and Materials	50,300	63,500	67,500	181,300
Travel	23,800	26,800	16,400	67,000
Miscellaneous	<u>13,200</u>	<u>14,100</u>	<u>6,800</u>	<u>34,100</u>
	\$230,000	\$266,800	\$215,400	\$712,200

ILLUSTRATIVE BUDGET (TOTAL)
(Project Concern and DPG)

	<u>Project Concern Contribution</u>	<u>DPG</u>	<u>TOTAL</u>
Year One	\$150,000	\$230,000	\$380,000
Year Two	150,000	266,800	416,800
Year Three	<u>150,000</u>	<u>215,400</u>	<u>365,400</u>
TOTAL	\$450,000	\$712,200	\$1,162,200

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project: _____
 From FY - 1975 to FY - 1977
 Total U.S. Funds: \$ _____
 Date Prepared: _____

Project Title & No.: PROJECT CONCERN 932-13-950-070

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><i>Program or Sector Goal:</i> The broader objective to which this project contributes: To provide low-cost integrated health care to populations in need of such assistance by further developing Project Concern's health care delivery system.</p>	<p><i>Measures of Goal Achievement:</i> Project Concern's system will improve the health of 750,000 people in at least three countries within 3 years after implementation of the country programs, and 2,000,000 people in at least 5 countries by 1980.</p>	<p>Along with reports, actual patient records will provide the statistical basis for verification.</p>	<p><i>Assumptions for the design goals:</i> 1. A continuation of integrated health care for large segments of the population in LDC's. 2. Host country governments will initially endorse this undertaking and once implemented, continue to sustain these activities.</p>
<p><i>Project Purpose:</i> Establish a Health Planning, Development and Training Department in Project Concern.</p>	<p><i>Conditions that will indicate purpose has been achieved:</i> End of project status a. An integrated Health Care System master model for multinational implementation. b. Country specific health care system models for 3 LDC's</p>	<p>a. Records of training performed. b. Operating manuals and training materials. c. Country programs initiated, confirmed by USAID Missions. d. Operating method applied, including identification of VMA's. e. AID/W field visits.</p>	<p><i>Assumptions for achieving purpose:</i> a. Relative political stability in selected countries. b. Invitation from host country governments for program initiation. c. Cooperation of host country governments for long-term operation of the health care system.</p>
<p><i>Outputs:</i> a. Creation of Planning, Development and Training Department. b. Research and design of curricula, training materials and master system. c. Field surveys for program requirements. d. Analysis of services and fiscal analysis for implementation. e. Training program for field teams.</p>	<p><i>Magnitude of Outputs:</i> a. Six professional and 3 support staff in PDT Department. b. At least 3 country surveys with 3 countries selected for implementation c. Three field teams, 6 people each, selected and trained.</p>	<p>a. Documentation resulting from research, design, surveys and analyses. b. Monitoring of system development by TA/H and PMA/PVC. c. Project Concern management records, including audits (annually).</p>	<p><i>Assumptions for achieving outputs:</i> a. Sufficient qualified personnel available and willing to participate. b. Continued availability of training at Project Concern HQ and elsewhere. (AID, Universities, Hospitals, etc.) c. Continued requests for assistance from LDC's.</p>
<p><i>Inputs, A.I.D.:</i> a. DPG b. Training programs and seminars. c. Counsel and advice from Bureau and PMA/PVC. <i>Project Concern:</i> a. Field staff, project costs in LDC's. b. Headquarters and field infrastructure, and program support. c. Donated goods and services for project implementation. d. Support gained from host country governments and institutions.</p>	<p><i>Implementation Target (Type and Quantity)</i> See attached Illustrative Budget and Implementation Plan.</p>	<p><i>Beginning of Project Status (BOPS)</i> a. A 21-member headquarters staff. b. Eight project sites with U.S. and local staffs. (Details in narrative.)</p>	<p><i>Assumptions for providing inputs:</i> a. The DPG will be funded at the proposed level. b. Training available to Project Concern staff by A.I.D. c. Donor support to Project Concern continues at current or increased level.</p>

LATIN AMERICA BUREAU QUESTIONS ON PROJECT CONCERN PROP

1. What is the basis for assuming that Project Concern's private efforts will be tolerated in competition with Health Ministries of local government?
2. Is it desirable to build a health system not integrated with local health bureaucracy?
3. What is it about Project Concern's "existing health delivery services, other services and training programs that needs further study, and why?"
4. Is it feasible to think of a "master model of the Health Delivery System"? Should the facts--illnesses, resources, development--on each country yield separate models for each country?
5. Isn't two years for getting this first new program a very long lead time?
6. Given apparent slow pace for the first two years, is it realistic to say that (P. 5) six years after the start 750,000 people, and eight years after the start 2,000,000 people will have benefitted from improved health care and education?
(Note that after 14 years PC can only claim something "more than 250,000 persons".)
7. What is source of food for feeding programs proposed on Page 3?
8. In the illustrative budget what will PC's \$150,000 cover in Year One?

PROJECT CONCERN PROP. REVIEW

WITH LATIN AMERICA BUREAU

ISSUES:

1. Project Concern only works in those countries where they have signed agreements with the Host Country Government. This is a basic operation with Project Concern in that the Health System they establish for a particular country is eventually taken over by the responsible part of government in the countries in which they work. Prior to the collapse of Viet Nam, their project there had become 90% "Vietnamized" and a direct function of the Ministry of Health. (There were still 3 U. S. personnel helping out, down from over 20 U. S. staff needed to start the project.) Their program in Hong Kong was fully integrated into the local health service. The attached letter from the Head of Public Health Service in Ethiopia describes their current status in that country. In sum, there is no reason to view Project Concern's activities as anything other than complementary to a host country's limited health delivery resources.

2. The above partially answers this point, but it should be added that as Project Concern is aiming its programs at those citizens who find themselves outside the health services being provided by the government or other sources, a full integration of the Project Concern system is not feasible until substantial development has been made. Also, most health services provided by the Health Ministries is usually based on traditional U. S. style curative center approach. The paramedical approach employed by PC serves as an adjunct to this resource, in effect providing an

outreach to those marginal members of society. In fact, when local resources permit, as in the case of Ethiopia, the existing medical system is highly integrated into the PC system.

3. While AID has been able to closely observe a couple of Project Concern projects, in Vietnam and Ethiopia (to a lesser extent) there is confidence in their ability to make a significant contribution to health delivery and preventive medicine. Nevertheless, until now they have had to employ a degree of "shot gun" method of applying specific services as they might be available and have not really had the time, personnel nor resources to fully study and analyze the why's and why not's of those services and others employed or tested by other organizations. They hope to be able to take advantage of work being done by the American Public Health Association (APHA), the World Health Organization (WHO) and other developments to see what aspects would be useful in an integrated system of the nature being introduced by Project Concern. For similar reasons they have not been able to really analyze their own services in the light of cross-cultural applicability. In sum, Project Concern would like to take advantage of the experiences of their own, and of others, working on integrated low cost health care services and training techniques that might be useful, and utilize them in their delivery system.

4. To help clarify this point it should be noted that we are dealing with three identifiable terms:

- a) Health Service - this is operationally defined as a specific technique aimed at a specific health problem;
- b) Health Delivery Service - a combination of specific services and

approaches (i.e. training, delivery methods, management techniques, etc.) aimed at the health needs of a defined area.

- c) Health System Model - a conceptual design incorporating existing technologies and techniques indicating procedures for application of specific services to an area specific system, resulting in a synergistic effect.

While somewhat avant-garde, it is felt by Project Concern, their mentors in health delivery, and several international health organizations (including AIE/TAB/H) that a master model is feasible. While the model developed by Project Concern will not be comprehensive nor as sophisticated as Health Delivery Systems models might become, or even could be with the existing state of the art, it is seen as a very desirable approach to employ more accurately and efficaciously the many services extant in a responsive system for a specific area. In effect, it provides a rapid, efficient means to identify options and probable services and resources for application. The country specific model is built on the facts of the local situation such as predominant illnesses and health problems, local resources, customs, traditions and health practices (witch doctors, homeopathy, folk medicine, etc.) The master model provides a coherent basis to choose those elements needed to respond to the needs of a problem area.

5. Application of the developments will not be withheld for two years, but will start concurrent with the grant. The only thing that will take two years is creation of a fully developed model and conducting the first full application of the total system in a client country. Again,

it is necessary to understand that work done prior to the first full application will benefit all existing programs. As useful, these existing programs will provide, along with that from other organizations, information as to the efficacy of specific services and techniques. This aspect was not clearly spelled out in the PROP as the grant is aimed primarily at a system development and the application of the system once it is operational. In effect, two years for such a development is quite reasonable and in line with what it is hoped will be accomplished in contributing to an integrated, low-cost approach to health delivery to the rural poor.

6. In that, as noted above, application of developments will start as soon as they are available, and with the ability to more extensively reach the target audience, Project Concern feels that it can be effectively evaluated on the success of reaching the stated numbers of people. Assuming the integrity of the organization and their past experience, they developed these figures to reflect as accurately as possible their own expectations of what can be accomplished. One must remember that as a PVO their work usually starts with a very limited program and slowly evolves. It has only been in the past few years that Project Concern has had a program large enough to generate the figures they currently have, as far as affected populations. The encouraging point is that they have built a firm background, slowly and deliberately. It is because of this that they are now able to demonstrate that they can handle a more rapidly expanding program affecting even larger numbers of people.

7. The sources of food for the feeding program are based on local resources. To date, they have not asked for, nor received, PL 480 or other outside food supplements. Their nutrition program is based on education and the use of locally produced foodstuffs. The PROP is referring to existing nutrition programs, and is not proposing any change in the basic concept of using local resources, though new educational techniques might be developed and employed as a result of the grant, as well as encouraging the production of more nutritious foods, if and where applicable. The grant is not aimed at creating a client for PL-480 nor creating an agricultural program, rather it is generating more awareness of nutrition based on local resources.

8. The attached detailed budget indicates the \$150,000 input of Project Concern as to line items. It should be noted that the figures and line items contained therein are all subject to negotiation by SER/CM, which has the responsibility for such determinations. In any case, Project Concern's contribution will not result in a figure less than that stated as a total, i.e. \$150,000.

Further clarification was requested on the following two points: why is the study of past Project Concern activities necessary, and, what is the "model" that will be developed?

Resulting from a telephone conversation between Mr. Alexander Firfer, of the Latin America Bureau, and Mr. C. Robert Cronk, Executive Director, Project Concern, the information below is in response to the two remaining points.

1. As has been previously indicated, Project Concern has successful programs in operation in several developing nations of the world. Their program has evolved from a primary health care service working out of established medical facilities, to a preventive medicine program incorporating paramedics. There has been little substantive evaluation of their programs and approaches currently taken. Nevertheless, their experience has indicated that the community based preventive medicine direction is the key to an effective health delivery system. Unfortunately, little systematic work has been done by academic or international institutions to evaluate and compare various country health programs which are decentralized, community-based, and which tend to rely more on paramedical personnel. At this stage, it is thus necessary to systematically and analytically review their past and current activities in order to identify those aspects which should be retained. It is also necessary to review, and when applicable apply, services and techniques which have been developed by other health oriented organizations into Project Concern's low-cost health delivery system.

2. In concert with efforts described above, Project Concern is of the opinion that a "master model" should be developed. In this instance, the term "model" should be interpreted as indicating what might be called a "master check-list". This would entail cataloging basic disease symptoms and the various health services and techniques generally compatible with a low-cost health delivery system which can be used to treat such symptoms. The primary intent is to have on hand a growing body of knowledge of options and alternative approaches available to be used as appropriate in specific country programs. Such a check-list

(sic) would serve to have applicable approaches to local programs identified and on hand, going beyond precluding the "reinventing of the wheel" each time a new country program is being designed. It is noted in the PROP proper that AID/TA/H will be monitoring the development of this aspect of the grant and will have the results available for other health programs they are involved in. Also, as Project Concern is linked with other medical assistance programs of other PVO's, the information developed will also be available to those organizations.

Attachment: Budget Projections, Year 1,
FY 1975.
Letter from Ethiopia

BUDGET PROJECTIONS

Year 1
F/Y 75

Planning and Development

<u>Combined Total</u>	<u>Project Concern Contribution</u>	<u>A. I. D. Request</u>
\$380,000	\$150,000	\$230,000

Anticipated Expenditures

	<u>Total</u>	<u>A. I. D.</u>
Salaries	\$195,000	\$130,000
Payroll Taxes & Employee Benefits	20,000	13,000
Supplies	4,000	2,000
Equipment Rental	9,000	4,000
Auto Expense	1,000	500
Repairs & Maintenance	1,000	500
Rent	10,000	5,000
Telephone & Telegraph	11,000	7,000
Utilities	8,000	4,000
Taxes, Licenses, Fees	2,000	1,000
Postage	2,000	1,000
Subscriptions, Publications & Dues	1,000	500
Photos	2,000	1,000
Printing	39,000	20,000
Advertising	10,000	-
Outside Services	4,000	2,000
Accounting & Legal	2,000	1,000
Professional Services	23,000	14,000
Travel	30,000	20,000
Staff Accommodations	3,000	1,000
Shipping & Storage	1,000	500
Expendable Equipment	1,000	1,000
Miscellaneous	1,000	1,000
TOTAL:	\$380,000	\$230,000

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IMPERIAL ETHIOPIAN
MINISTRY of PUBLIC HEALTH

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አዲስ አበባ :

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BEST
AVAILABLE

ፖ. ፖ. ቁ. 1234
P. O. Box

and following up the continuity of the services and by facilitating other needs of the Hospital and the Health Services in the Keren Awraja. We think that posting your representative here, may be to the benefit of our joint aspirations and effort in providing health services to the residents of the Keren Awraja. The representative could be stationed in the Provincial Health Department in Asmara or in the Head Office in Addis Ababa.

With best regards,

Sincerely yours,

Widad Aigane Mariam M.D.
Head of Public Health Services

C.c.

- Eritrea Provincial Health Dept.
- Asmara
- Provincial Medical Director
- Graz. Fedai Hegusse, Keren Hospital
- Lalaba Association
- Asmara
- U.S.A. Ambassador
- John Withers, USAID
- Addis Ababa
- Administration Department
- Special Project Section
- Finance and Budget Division
- MPI

DIRECTOR OF HEALTH SERVICES DEVELOPMENT DEPARTMENT

Duties and Responsibilities

The Director of Health Services Development preferably shall be an M.D. His primary responsibility will be the administration of this department; the planning, organizing, developing, and evaluating of the medical services necessary for the operation of Project Concern's global health and dental programs. Specifically:

- A. Medical/dental education
- B. Public health
- C. Primary medical/dental care delivery
- D. Preventive medical/dental programming

The Director shall be the chief coordinator with A.I.D. in establishing and maintaining relationships with A.I.D. and other organizations. He will have expertise or background in community and tropical medicine, specifically:

- A. Environmental health
- B. Biostatistics
- C. Population dynamics
- D. Public health administration
- E. Public health nutrition
- F. Epidemiology

- G. Diagnostic parasitology
- H. Vector control
- I. Medical entomology
- J. Virology
- K. Tuberculosis control
- L. Venereal disease control
- M. Zoonotic diseases

The director's activities shall include, but not be limited to, the following:

- A. Training and education of personnel such as:
 - 1. Paramedics (VMAs and EMAs)
 - 2. Nurses
 - 3. Nurse auxiliaries
 - 4. Technicians
 - 5. Midwives
 - 6. Related disciplines
- B. Inpatient and outpatient care:
 - 1. Examination
 - 2. Treatment
 - 3. Immunization
- C. Preventive medicine:
 - 1. Sanitation and hygiene
 - 2. Nutrition
 - 3. Family planning

As director, he shall develop operating procedures and evaluate performance: Implement department policies and recommend changes,

periodically evaluate entire program and recommend policies.

Secondly, the director, if he is an M.D., shall serve as the Project Concern International Medical Director and shall have medical jurisdiction over all medical directors and, through them, all para-medical personnel serving the organization, including the continuing review of their performance and providing recommendations on same.

He shall approve all medical doctors recruited to serve with Project Concern.

The director shall be responsible to the Executive Vice President.

All responsibilities outlined herein shall be carried out by directives through the administrative chain of command.

Qualifications

- . Preferably a physician with administrative and/or teaching background, or hospital administrator with teaching background.
- . Ability to supervise, train and motivate subordinates.
- . Ability to establish and maintain effective working relations with A.I.D., employees, the public, and other agencies.

PLANNING ADMINISTRATOR

Duties and Responsibilities

The Planning Administrator shall be the chief implementer of policy and procedure for the Health Services Development Department. He will organize, coordinate, and plan a variety of service activities, including recruitment, training and financial services. He will exercise supervision over technical and clerical personnel.

He shall develop and administer an evaluation process of the department. Will supervise maintenance of complex budget systems, analyze labor and material expenditures, and evaluate operational methods as related to A.I.D. grants. The administrator shall be in charge of A.I.D. related recruiting in conjunction with the Project Concern Director of Personnel.

The administrator shall maintain liaison with other Project Concern departments to resolve operating problems; conduct studies of methods to improve services and reduce costs; develop operating procedures; establish staff training programs; and evaluate performance of employees.

Secondly, the employee in this position will have the most thorough knowledge of Project Concern's African field programs. He will develop special expertise in African relations. He will:

- A. Be the source of supply to all outside inquiries related to Project Concern's African field programs.
- B. Be Project Concern's liaison with African field programs.
- C. Keep abreast of health care developments relating to Africa, political developments that might affect Project Concern's activities at specific locations.
- D. Become familiar and able to make recommendations as related to prospective Project Concern services in Africa.

The Planning Administrator will work in consort with and report directly to the Director of Health Services Development and will be the second in charge of this department.

Qualifications

- Graduate from a 4-year college with major course work in business or public administration or related fields.
- Five years experience with responsibility for administrative and office functions, including two years in supervisory capacity.

PLANNING ADMINISTRATOR

Page 3

- . Considerable knowledge of the principles and practices of business management, budgeting, funding and training.
- . Working knowledge of recruiting, supply and distribution.
- . Ability to analyze complex management problems and prepare departmental reports.
- . Ability to supervise, train and motivate subordinates.

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SPECIALIST - FINANCIAL SERVICES

Duties and Responsibilities

The Financial Services Specialist shall exercise delegated responsibilities in performing various estimating, cost control, accounting, financial planning, and analysis activities. He shall develop budgets for Project Concern's low cost health care delivery systems.

Duties shall include:

- A. Liaison in reporting to A.I.D. on grant expenditures.
- B. Aiding Planning Administrator in fiscal evaluation of field programs.

He shall accumulate all pertinent cost data, correlate, compute, and prepare major cost estimates for a program. Will correlate and summarize actual, accumulative and estimated costs involving new programs and program changes requiring the consideration of diverse but related cost elements as contract labor, salaries, material, supplies, shipping fees, license costs, overhead, construction, leases, equipment purchases, transportation, and other direct and indirect costs.

This employee shall coordinate and direct estimates with final contract and miscellaneous costs and prices based upon historical and current cost performance data, and projections of probable future economic trends.

SPECIALIST - FINANCIAL SERVICES

Page 2

The Financial Services Specialist shall assure a systematic approach of all applicable accounting tasks by field program administrators.

He will plan, organize and direct the overall approach to cost performance; develop basic cost plans; select and develop methods for control; review, reconcile and justify to management and A.I.D. the financial status, forecasts and analyses. He shall prepare periodic and special accounting statements, summaries, schedules, statistical and analytical reports with respect to cost of operation.

This employee shall review and correlate actual costs with program status and performance for specified periods to show the relative financial position or actual and estimated cost data. He will develop historical cost data for evaluation, prices, standards, etc., necessary for future estimates.

Secondly, this employee will do special fiscal research for Project Concern as directed by the Executive Vice President.

The Financial Services Specialist will report directly to the Planning Administrator. This position requires working under the direction of definite cost accounting objectives or set-up. The employee shall plan and arrange his own work, referring only unusual cases to the supervisor.

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Qualifications

- . Preferably a 4-year degree or high school plus two years specialized accounting training.
- . Accounting-supervisory experience.
- . Specialized knowledge of general and cost accounting methods and principles.
- . Three to four years in this or related work to become thoroughly familiar with procedures relative to specialized areas of accounting.

TRAINING RELATIONS COORDINATOR

Duties and Responsibilities

The Training Relations Coordinator shall direct and participate in the selection, preparation and review of educational materials, analyze training needs, keep records and prepare progress and activity reports.

This employee will conduct research, write and direct one writer in producing curriculum as it relates to examination, treatment, immunization, nutrition, family planning for:

- A. Nurses
- B. Nurse Auxiliaries
- C. Technicians
- D. Paramedics (VMAs and IMAs)
- E. Midwives
- F. Related disciplines

The employee will obtain or produce visual and/or audio visual teaching aids if and when necessary and applicable. Will conduct research and interview experts in health fields to obtain and correlate training information and/or supervise writer to do same. He shall arrange for appropriate produced material to be proofread by experts; recommend new training material or revisions; compile data necessary to produce training material; and prepare needed statistical and operational reports.

Secondly, this employee will be or will become familiar with Project Concern Latin American programs. He will develop special expertise in

Latin American relations. He will:

- A. Be Project Concern's liaison with Latin American field programs.
- B. Be the source of supply to all outside inquiries related to Project Concern's Latin American field programs.
- C. Keep abreast of health care developments relating to Latin America, political developments that might affect Project Concern's activities at specific locations.
- D. Become familiar and able to make recommendations as related to prospective Project Concern services in Latin America.

This employee shall report directly to the Planning Administrator.

Qualifications

- . Graduate of a four-year course in education, journalism, or related field.
- . Two to three years experience in technical writing.
- . Ability to supervise and plan and have a strong ability to communicate effectively verbally as well as in writing.

TRAINING RELATIONS COORDINATOR

Page 3

- . Ability to establish and maintain effective working relations with employees, the public, community groups, organizations, associations, and other agencies.

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PLACEMENT COORDINATOR

Duties and Responsibilities

The Placement Coordinator shall participate in recruiting efforts, interviewing and evaluating applicants for the Health Services Development Department and the three low cost health care delivery teams to be prepared by this group. In addition, he will recruit professional and other needs of this department and related positions within Project Concern.

This employee shall take into consideration educational background, previous applicable job experience, personal characteristics, and general suitability of applicants for jobs and will weigh adaptability of qualifications. Will indicate starting pay rates, perform initial interviews with applicants for further consideration of such personnel by the Director of Personnel and the Planning Administrator.

He will review, screen and evaluate applications for employment received in the mail. Determine relative suitability of applicants for available positions, answer correspondence, establish and maintain records necessary to the administration of his recruiting efforts and employment programs.

Secondly, this employee will be or will become familiar with Project Concern's Southeast Asian programs. He will develop special expertise in Southeast Asian relations. He will:

- A. Be Project Concern's liaison with Southeast Asian field programs.
- B. Be the source of supply to all outside inquiries related to Project Concern's Southeast Asian field programs.
- C. Keep abreast of health care developments relating to Southeast Asia, political developments that might affect Project Concern's activities at specific locations.
- D. Become familiar and able to make recommendations as related to prospective Project Concern services in Southeast Asia.

This employee shall work under the direct supervision of the Planning Administrator and the Director of Personnel.

Qualifications

- . Baccalaureate degree in an administrative field such as personnel administration or business administration.
- . Two years general experience in an employment activity.
- . Dental/medical knowledge will be a significant plus factor.

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WRITER

Duties and Responsibilities

The Writer will interview experts, conduct research, correlate data, develop and write training manuals and other aids as directed by the Training Relations Coordinator. Will maintain special technical information files and reference material.

Qualifications

- . Technical writing background.
- . Competent writing and proofreading ability.
- . Working knowledge of audio visual aids and printing production.
- . Ability to interview and knowledge of where and how to acquire varied technical information.

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POSTER

BOARD OF DIRECTORS

PROJECT CONCLPN, INC.

3802 Houston Street
San Diego, California 92110
(714)299-1353

JAMES W. TURPIN, M.D.
Founder

Box 41, Rt. 2
Crossville, Tenn. 38553

MARTHA W. TURPIN, M.D.
Co-Founder

BOARD OF DIRECTORS

CHAIRMAN OF THE BOARD
AND,
EXECUTIVE COMMITTEE CHAIRMAN:

VICE CHAIRMAN:

THOMAS E. POLLARD, M.D.

KENNETH M. KROLL, M.D.

<u>Term Expires</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Summer '76	<u>BARTLETT, WES H.</u>	P. O. Box 473 Algona, Iowa 50511 (515)-295-7163
Summer '74	<u>BRINI, STEVEN</u> Student Stanford University (Oct-May) 664 Lomita Court Stanford, Calif. 94305	5020 Raymond Place San Diego, Calif. 92116 (714)-282-0670
Summer '74	<u>COE, JAMES (Barbara)</u> Business Executive 18 Kimberley Road Kowloon, Hong Kong Kowloon 679-734	<u>NO MAIL</u> 2A Takshing Terrace One Cox's Road Kowloon, Hong Kong Kowloon 679-716
Summer '75	<u>COTTON, HOWARD H., D.M.D.</u> (Peggy) <u>NO MAIL</u> 1900 Beacon Street Brookline, Mass. 02146 (617)-277-0807	5 Lundy Lane Wayland, Mass. 01778 (617)-358-7535

h.w.d.

<u>Term Expires</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Summer '75	<u>DEAN, DOLORES (Mrs. James)</u>	554 Northview Dr. Valparaiso, Indiana 46383 (219)-462-5661
Summer '76	<u>DRIVER, ROBERT F. (Freddie)</u> - <u>NO MAIL</u> Robert F. Driver Company 400 Cedar Street San Diego, Calif. 92101 (714)-238-1828	2938 Ocean Front Del Mar, Calif. 92014 (714)-755-1798
Summer '75	<u>DUPLANTY, DAVID R. (Diane)</u> Architect 2222 Corinth Avenue Los Angeles, Calif. 90025 (213)-478-2501	<u>NO MAIL</u> 2758 Manderville Canyon Rd. Los Angeles, Calif. 90049 (213)-476-2133
Summer '74	<u>DURRETTE, WYATT B., JR.</u> Rep., Virginia House of Delegates	9849 Marcliff Ct. Vienna, Virginia 22180 (703)-938-2803
Summer '74	<u>EAGLES, WILLIAM M., M.D.</u> Suite 100 1717 Bellevue Avenue Richmond, Virginia 23227	4608 Sylvan Road Richmond, Virginia 23225 Pres. Kwanis Int'l 73-74
Summer '75	<u>EDWARDS, ROBERT J. (Mary)</u> Attorney at Law 2100 First Nat'l Bank Tower Atlanta, Georgia 30303 (404)-653-9848 (404)-653-1262	<u>NO MAIL</u> 1742 West Wesley Road Atlanta, Georgia 30309 (404)-351-0321
Summer '76	<u>ERTESTEK, JAN J. (Olga)</u> President Olga Company 7900 Haskell Ave. Van Nuys, Calif. 91409 (213)-782-7568	<u>NO MAIL</u> 681 Bonhill Road Los Angeles, Calif. 90049 (213)-472-5602
Summer '74	<u>HALL, WALLACE D. (Alice)</u> Retired	24 Halfway Road Key Largo, Florida 33037 (305)-367-2377

<u>Term Expires</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Summer '74	<u>HEADLEE, RICHARD H. (Mary)</u> President Hamilton Int'l Corporation Village of Quakertown Farmington, Mich. 48024 (313)-476-9000	<u>NO MAIL</u> 26129 Hidden Valley Farmington, Mich. 48024 (313)-477-3786
Summer '76	<u>IVEY, E. RALPH (Avis)</u> Attorney at Law P. O. Box 84 Rome, Georgia 30161 (404)-234-5853	<u>NO MAIL</u> 7 Crestwood Drive Rome, Georgia 30161 (404)-234-7393
Summer '75	<u>JOHNSON, T. R. (Ted)</u> Kiwanis International Past President	1515 E. 9th Ave. #103 Denver, Colorado 80218 (303)-266-0322
Summer '74	<u>KILBORN, DAVID L. (Patricia)</u> Robert Wilmoth, Inc. 247 Royal Palm Way Palm Beach, Florida 33406 (305)-655-3277	Lost Tree Way Lost Tree Village N. Palm Beach, Flor. 33408 (305)-842-9442
Summer '74	<u>KROLL, KENNETH, M., M.D. (Michelle)</u> Surgeon 1004 Seventh St. Anacortes, Wash. 98221 (206)-293-2173	(206)-293-5822
Summer '75	<u>LAUB, DONALD R., M.D. (Judy)</u> Assoc. Professor Chief, Plastic & Reconstructive Surgery Stanford University Medical Center Stanford, California 94305 (415)-321-1200 ext. 5824	894 Tolman Drive Stanford, Calif. 94305 (415)-493-7762
Summer '75	<u>LIPSCOMB, HARRY S., M.D. (Nancy)</u> Physician Xerox Center for Health Care Research Baylor College of Medicine Houston, Texas 77025 (713)-529-4951	

<u>Term Expires</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Summer '74	<u>LOWELL, ROBERT P. (Gail)</u> Attorney at Law Project Concern Legal Counsel Lowell, Hicks, Prah! & Jones A Professional Corporation One Eleven Elm Street San Diego, Calif. 92101 (714)-236-1277	<u>NO MAIL</u> 11510 Rolling Hills Drive El Cajon, Calif. 92020 (714)-447-1882
Summer '74	<u>NICHOLSON, SIDNEY (Margaret)</u> National President	Project Concern: Australia 5 McAdam Street Everton Park Brisbane, Queensland 4053 AUSTRALIA 555-633 (RES. PHONE 555-818)
Summer '76	<u>POLLARD, THOMAS E., M.D.</u> Physician (Barbara) 917 North Walnut Danville, ILL. 61832 (217)-442-0911	<u>NO MAIL</u> Six West Raymond Danville, Ill. 61832 (217)-446-8222
Summer '74	<u>POTTER, R. J. "JERRY" (Nancy)</u> President Automated Systems, Inc. 4620 W. 77th St. Suite 188 Minneapolis, Minn. 55435 (612)-920-6266	<u>NO MAIL</u> 5025 W. 60th St. Minneapolis, Minn. 55436 (612)-929-2198
Summer '76	<u>ROSS, J. DONOVAN, M.D. (Lillian)</u> Physician Fallis, Alberta Canada TOE OVO	
Summer '74	<u>ROUNER, ARTHUR A., JR., D.D.</u> Minister (Molly) Colonial Church of Edina 5532 Wooddale Ave. Minneapolis, Minn. 55424 (612)-925-2711	4526 Drexel Ave. Minneapolis, Minn. 55424. (612)-926-8115
Summer '76	<u>SCHUSTER, DERYL K.</u> District Director Small Business Administration One Twenty Building Wichita, Kansas 67202 (316)-267-6311 ext. 566	3835 Friar Lane Wichita, Kansas 67204 (316)-838-4113

<u>Term Expires</u>	<u>OFFICE</u>	<u>RESIDENCE</u>
Summer '76	<u>SKIDMORE, JAMES A., JR.</u> President (Peggy Ann) Science Management Corp. Fellowship Road Moorestown, N.J. 08057 (609)-235-9200	<u>NO MAIL</u> 177 Sutton Drive Berkeley Heights New Jersey 07922 (201)-322-2021 (201)-322-5182
Summer '76	<u>TERZIAN, CARL R. (Lynne)</u> Public Affairs Executive Carl Terzian Associates Getty-Union Bank Bldg. 3810 Wilshire Blvd. Los Angeles, Calif. 90010 (213)-380-5750	<u>NO MAIL</u> 163 South Lucerne Blvd. Los Angeles, Calif. 90004 (213)-937-8488
Summer '75	<u>ANNIE D. WAUNKA, Ph.D.</u> Navajo Tribal Council Resources Building Window Rock, Ariz. 86515	P. O. Box 611 Ganado, Ariz. 86505 (602)-736-2444
Summer '75	<u>WOODWARD, LEWIS K., JR., M.D.</u> Physician (Fannie Mae) Box 112 Woodstock, Virginia 22664 (703)-459-2724	From 11/1/73 to 4/74 Florida Gulf Coast Apartments 814 W. Linebaugh Ave. Tampa, Florida 33612 (813)-933-5146 IF NO ANSWER CALL: (813)-932-1762

CORPORATION OFFICERS

PRESIDENT

SKIDMORE, James A., Jr.

(See above for address)

VICE PRESIDENTS

DEAN, Dolores

LOWELL, Robert P.

(See above for addresses)

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WAHL, Marie M. (Mrs. Arthur H.-Bud)
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TREASURER

NUTTER, Donald E., C.P.A. (Kathy)
Smathers & Nutter
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Escondido, Calif. 92025
(714)-745-4190

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DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

APPENDIX III.

APR 22 1975

Mr. C. Robert Cronk
Executive Vice President
Project Concern
3802 Houston Street
San Diego, California 92138

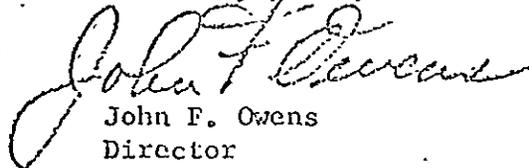
Dear Mr. Cronk:

We have reviewed the personnel policies and administrative procedures contained in the Project Concern manuals entitled Employee Manual - Policies, Benefits, Information United States Employees; Employee Manual - Foreign Assignments; and the Headquarters Office Procedures Manual, including the appropriate addendums to these manuals, revised as of April 2, 1975, which you provided to members of my staff.

In accordance with section 4B of A.I.D. Handbook 13, entitled Grants, the provisions of the above cited manuals are acceptable to A.I.D. In this context, reimbursement for salaries, and wages and travel and transportation expenses under A.I.D. grants shall be in accordance with these manuals.

This authorization is effective for the period April 15, 1975, through April 14, 1976. We contemplate that a new authorization letter will be issued each year by A.I.D. to permit review by both parties of the effectiveness of this procedure. In this regard, please send two copies of all changes and revisions to these manuals to Mr. Moncada, of my staff, at the address shown below.

Sincerely yours,



John F. Owens
Director
Office of Contract Management

Mr. F. J. Moncada
Chief, Overhead and Special
Costs Branch
Support Division
Office of Contract Management

HEALTH SERVICES DEVELOPMENT DEPARTMENT

Organization Chart

